

VA Safety Plan: Brief Instructions*

Note Title: MH Safety Plan – will drop a template which leads clinician through 1-6

Step 1: Recognizing Warning Signs

- Ask “How will you know when the safety plan should be used?”
- Ask, “What do you experience when you start to think about suicide or feel extremely distressed?”
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patients’ own words.

Step 2: Using Internal Coping Strategies

- Ask “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”
- Ask “How likely do you think you would be able to do this step during a time of crisis?”
- If doubt about using coping strategies is expressed, ask “What might stand in the way of you thinking of these activities or doing them if you think of them?”
- Use a collaborative, problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask “Who or what social settings help you take your mind off your problems at least for a little while? “Who helps you feel better when you socialize with them?”
- Ask patients to list several people and social settings, in case the first option is unavailable.
- Ask for safe places they can go to do be around people, e.g. coffee shop.
- Remember, in this step, suicidal thoughts and feelings are not revealed.

Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis

- Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk.
- Ask “Among your family or friends, who do you think you could contact for help during a crisis?” or “Who is supportive of you and who do you feel that you can talk with when you’re under stress?”
- Ask patients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis.
- Ask “How likely would you be willing to contact these individuals?”
- If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 5: Contacting Professionals and Agencies

- Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.
- Ask “Who are the mental health professionals that we should identify to be on your safety plan?” and “Are there other health care providers?”
- List names, numbers and/or locations of clinicians, local urgent care services, VA Suicide Prevention Coordinator, VA Suicide Prevention Hotline (1-800-273-TALK (8255))
- If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.

Step 6: Reducing the Potential for Use of Lethal Means

- The clinician should ask patients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.
- For methods with low lethality, clinicians may ask veterans to remove or restrict their access to these methods themselves.
- Restricting the veterans’ access to a highly lethal method should be done by a designated, responsible person—usually a family member or close friend, or the police.

*See Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version (Stanley & Brown, 2008) for a full description of the instructions.